. S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16947

State File No.

FILED JUN 7 1943

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2121

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-16-43-4-24-43
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 611 Charlotte 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE HALE

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 0
5. Color or race Negro
6. (a) Single, widowed, married, divorced unk 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 15 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
55	8	9	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation unemployed
11. Industry or business

FATHER
12. Name Ed Hale 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Libbie Powell 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A [illegible]
(b) Address City Mortician

19. (a) 5-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour 3:45 minute p. M.

21. I hereby certify that I attended the deceased from March 16, 1943 to April 24, 1943
that I last saw him alive on April 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Parylitic illeus	
Due to Old Pott's Disease	
Due to 16	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Gen Hosp #2-600 E 22 Date signed 4-27-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.